

RI AOSOS netWORKri JOB ORDER

Employers: Please complete the following Job Order form and fax it to the RI Dept. of Labor & Training at 401 462-8722. Employers are encouraged to fill in as much information as possible. (Shaded areas are for Office Use Only).

Today's Date:	Status: Open <input type="checkbox"/> Pending <input type="checkbox"/>	Order Date:	Last Open Date: (60 days from order date)
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GENERAL INFO

• Company Name (DBA Name)				
• Address				
• City			• State/Zip	
• Job Title			• Job Location (If same, leave blank)	
• Address/City/Zip (If same, leave blank)			Is Site On Bus Route? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Contact Person			Is Location Handicapped Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone	Ext	Fax	Alt Phone	Ext
• How would you like the job seeker to apply to this position? Email: _____ Phone: _____ Fax: _____ In Person <input type="checkbox"/> Mail <input type="checkbox"/>				
• Or, would you prefer a netWORKri Representative qualify an applicant's resume before forwarding it to you? If so, how would you like netWORKri to forward the resume to you? Email: _____ Phone: _____ Mail <input type="checkbox"/> Fax: _____			Suppressed Job Order <input type="checkbox"/> NOTE: Checking this box indicates the Employer Contact Information will not be viewed on AJB. The "Change Office" field on the <i>General Info Tab</i> of the <i>Job Order Detail</i> record must read " JOBS NETWORK ".	

ADDITIONAL INFO

Referrals Requested: _____ • Openings: _____ Duration: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Hours Per Week: _____	Shift: Monday through Friday <input type="checkbox"/> Days Vary: _____ Education Required: _____ Experience Required: _____ Years: _____ Months: _____	Starting Pay Minimum _____ Maximum _____ Hour <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly <input type="checkbox"/> Req. License, Certificate or Registration # _____ Public Transportation: Yes <input type="checkbox"/> No <input type="checkbox"/> Minimum Age _____ Drug Screen: Yes <input type="checkbox"/> No <input type="checkbox"/> Criminal Background Check: Yes <input type="checkbox"/> No <input type="checkbox"/>
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ADDITIONAL INFO (cont.)

Company Benefits:

- ☐ Health Insurance
- ☐ Dental Insurance
- ☐ Vacation
- ☐ Sick Leave
- ☐ Holidays
- ☐ Retirement/Pension Plan
- ☐ Clothing/Uniform Allowances
- ☐ Childcare

Drivers License: (Class)

- ☐ Tank Vehicle
- ☐ Doubles/Triples
- ☐ Pass Transport
- ☐ Hazardous Materials
- ☐ School bus
- ☐ Motorcycle
- ☐ Air Brakes
- ☐ Tank Veh & Haz Mat

JOB DESCRIPTION

▪ (Please include essential and incidental job duties: Skills/Language/Math Requirements: Other Languages Employers can accommodate; specific Physical/Unusual Working conditions; any other Job Requirements not listed above.)

Form Completed By: